

Section 6.869 Wis. Stats. requires the development of uniform instruction for absentee voters, including means for correcting errors in marking an absentee ballot and obtaining a replacement ballot:

Uniform Absentee Instructions for First-Time Voters who Registered by Mail who did not Previously Provide Proof of Residency


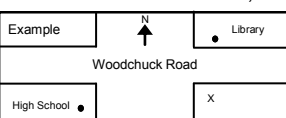
1. Read and follow the instructions for completing the ballot carefully. Mistakes may spoil your ballot.
2. Complete the ballot in the presence of one (1) witness. The witness cannot be a candidate at the election and must be an adult U.S. citizen. The witness must verify that the individual completed the absentee ballot, but should not view the voter's choices.
3. Refold the ballot and place inside the certificate envelope.
4. Insert the required proof of residency (for first-time voters who registered by mail who did not previously provide identification) in the certificate envelope.
5. Sign and complete the Absentee Ballot Certificate, including the affidavit. One witness must sign the certificate and provide his/her address.
6. Seal the certificate envelope.
7. If you make an error while marking your ballot, spoil your ballot, or require a replacement ballot, contact your municipal clerk immediately. You must return your original ballot and certificate envelope before a replacement ballot will be issued. No replacement ballots are mailed after the 5th day preceding Election Day. If you require a replacement ballot after the 5th day preceding Election Day, you must return the original ballot and certificate envelope in person to the municipal clerk. You will be required to vote your replacement absentee ballot in the municipal clerk's office.
8. Return the ballot (in the certificate envelope) in time for distribution to the polling place. If you have questions about the deadline for returning your ballot, contact the municipal clerk. No late ballots are accepted.

		Wisconsin Application for Absentee Ballot									
		Confidential Elector ID# <small>(HINDI - sequential #) (Office Use Only)</small>				SVRS ID # <small>(Office Use Only)</small>					
General Instructions: Please Review Fully		Please use uppercase (CAPITAL) letters only. Fill in circles as appropriate. Return completed form to municipal clerk. This document can be made available in accessible formats to persons with disabilities, upon request.									
Voter Declaration: I certify that I am a qualified elector, a U.S. citizen, at least 18 years old, having resided at the below residential address for at least 10 days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting.											
Required Information (NOTE: In order to receive an absentee ballot, you must be a registered elector)											
1	Municipality	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City									
	County										
2	Last Name								Suffix (e.g. Jr, II, etc.)		
	First Name						Middle Name				
	Date of Birth (MM/DD/YYYY)						Telephone				
3	Residence Address: Street Number & Name										
	Apt. Number			City							
	State (WI Only)		ZIP + 4								
4	If Mailing Address is different than the Residence Address, Send Ballot To:										
	Name		C / O								
	Nursing Home Name (If applicable)										
	Mailing Address: Street Number & Name										
	Apt. Number			City							
	State & ZIP + 4										
5	Elections (select one of the following options):										
	<input type="radio"/> I request that an absentee ballot be sent to me for the election(s) on the following date(s): _____										
	<input type="radio"/> I request that an absentee ballot be sent to me for all elections from today's date through the end of the current calendar year (ending 12/31).										
	<input type="radio"/> I certify that I am indefinitely confined because of age, illness, infirmity or disability, and request an absentee ballot be sent to me for every subsequent election until I am no longer confined or fail to return a ballot for an election.										
6	If you are a military or overseas elector, fill in the appropriate circle (see instructions for definitions): <input type="radio"/> Military <input type="radio"/> Overseas										
7	Hospitalized Voter Information (Only for those electors who are not indefinitely confined; please fill in circle.)										
	<input type="radio"/> I certify that I cannot appear at the polling place on election day because I am hospitalized, and appoint the following person to serve as my agent, pursuant to s.6.86(3), Wis. Stats:										
	Agent Last Name										
	Agent First Name						Agent Middle Name				
	AGENT: I certify that I am the duly appointed agent of the hospitalized absentee elector, that the absentee ballot to be received by me is received solely for the benefit of the above named hospitalized elector, and that such ballot will be promptly transmitted by me to that elector and then returned to the municipal clerk or the proper polling place.										
	Agent Signature		X				Agent Address				
	WITNESS: I certify that I am a resident of this absentee elector's municipality, and that the statements contained in this application are true to the best of my knowledge.										
	Witness Signature		X				Witness Address				
Signature of Elector		X				Date (MM/DD/YYYY)					
Office Use Only:	Ward	Sch. Dist.	Alder.	Cty. Supr.	Ct. of App.	Assembly	St. Senate	Congress	Other		
THE INFORMATION ON THIS FORM IS REQUIRED BY SS.6.85, 6.86, 6.87, WIS. STATS. PROVIDING FALSE INFORMATION ON THIS FORM IS PUNISHABLE BY A FINE OF \$1,000, IMPRISONMENT OF 6 MONTHS OR BOTH SS.12.13(3)(1), 12.60(1)(B), WIS STATS.											

Application for Absentee Ballot Instructions

General Instructions: <i>Please Review Fully</i>	This form should be submitted to your municipal clerk, unless directed otherwise. Each section on the front side of this document corresponds to the sections below (1-7). This form should only be completed by registered voters; if you are not a registered voter or military elector, please submit a Voter Registration Application (EB-131) in addition to this form.
1	If your municipal information has not been pre-printed, indicate the municipality and county of your residence. Use the formal names of your municipality and county. If in doubt, contact your municipal clerk to confirm this information.
2	Provide your current first and last names in the spaces provided. If applicable, please provide your suffix and/or middle name. Enter your formal names, as indicated on official government documents; no nicknames please. Optional: Providing your telephone number allows elections officials to contact you if further information is required. Complete this section by providing your month, day, and year of birth. Do not fill in the current year under the birth year.
3	Provide your home address (legal voting residence). This residence must be located in Wisconsin. The full house number should be filled in, including those with house numbers ending in a fraction like "1/2." You may not enter a post office box as a voting residence. A rural route box without a number should not be used.
4	If you would like your ballot(s) sent to an address other than your residence address, please complete this section. Indicate in the 'Name' area the contact to whom the ballot should be sent (provide your own name if applicable). If you are in a Nursing Home, please indicate the name of the facility in the space provided. Provide the address to which you would like the absentee ballot(s) sent.
5	You may select ONLY one of the three options in this section. <ul style="list-style-type: none"> • Select Option 1 if you would like to receive an absentee ballot for a single election or for a single election event. An election event includes both a primary and its corresponding election. To receive a ballot for an election event, you must list the dates of both elections in the space provided. • Select Option 2 if you would like to receive an absentee ballot for all remaining elections in the current calendar year (ending 12/31). • Select Option 3 to certify that you are indefinitely confined due to age or infirmity, and to request absentee ballots for all elections until you are no longer confined or you fail to return a ballot for an election.
6	If you are a military or overseas elector as defined here, fill in the appropriate circle: <ul style="list-style-type: none"> • A "Military elector" is a person, or the spouse or dependent of a person who is a member of a uniformed service or the merchant marines, a civilian employee of the United States, a civilian officially attached to a uniformed service and serving outside the United States, or a Peace Corp volunteer. Military electors do not need to register to vote. An absentee ballot request is valid for all elections as long as the person is a military elector. • An "Overseas elector" is a person who is a United States citizen, 18 years old or older, who resided in Wisconsin immediately prior to leaving the United States, who is now living outside the United States and has no present intent to return, who is not registered in any other location, or who is an adult child of a United States citizen who resided in this state prior to establishing residency abroad. Overseas electors will receive ballots for federal offices only and must register to vote prior to receiving a ballot.
7	This section is only to be completed by an elector or the agent of an elector who is currently hospitalized. A hospitalized elector must certify that he or she cannot appear at the polling place on election day by filling in the circle. An agent completing this form for a hospitalized elector must provide his/her name, signature and address on this application. An application for a hospitalized voter must be witnessed by an elector of that hospitalized voter's municipality, with the witness also providing his/her address. If the agent is a resident of the hospitalized voter's municipality, he/she can also sign as a witness.
Signature: By signing and dating this form, you certify that you are a qualified elector, a U.S. citizen, at least 18 years old, having resided at your residential address for at least 10 days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting.	

This form is available in an accessible format, upon request.

		Wisconsin Voter Registration Application				<input type="radio"/> Submitted by Mail (Office Use Only)	
		Confidential Elector ID# <small>(HINDI - sequential #) (Office Use Only)</small>		SVRS ID # <small>(Office Use Only)</small>			
Instructions	Instructions for completing sections 1-12 are on the back of this form. Return this form to your municipal clerk, unless directed otherwise. <ul style="list-style-type: none"> • Please use uppercase (CAPITAL) letters only. • Fill in circles as appropriate. • NOTE: If this is a change of address, then upon completion of this application your voting rights will be cancelled at your previous residence. • If you have not voted in WI and are submitting this application by mail, you must also provide a copy of an acceptable proof of residence 						
1	<input type="radio"/> New WI Voter <input type="radio"/> Name Change <input type="radio"/> WI Address Change		Municipality		<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City		
		County					
2	Wisconsin Driver License/ID Number					<input type="radio"/> I have neither a WI Driver License/ ID nor a Social Security Number.	
		Social Security Number - Last Four Digits (only if no license/ID number)			X X X - X X -		
3	Print your name exactly as it appears on the document, the number of which you provided in Box 2. (Driver License/ID Card <u>or</u> Social Security Card).						
		Last Name			First Name		
		Middle Name		Suffix (e.g. Jr, II, etc.)		Phone #	
		Date of Birth (M/D/YYYY)		Email Address			
4	Current	Residence Address: Street Number & Name					
		Apt. Number		City			
		State		ZIP + 4			
5	Mailing	Mailing Address: Street Number & Name					
		Apt. Number		City			
		State		ZIP + 4			
6	Previous	Last Name			First Name		
		Middle Name		Suffix (e.g. Jr, II, etc.)			
		Address: Street Number & Name					
7	Previous	Apt. Number		City		State & Zip + 4	
8	Please answer the following questions by filling in "Yes" or "No": <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div> 1. Are you a citizen of the United States of America? <input type="radio"/> Yes <input type="radio"/> No </div> <div> 2. Will you be 18 years of age on or before election day? <input type="radio"/> Yes <input type="radio"/> No </div> </div> If you filled in 'No' in response to EITHER of these questions, do <u>not</u> complete this form.						
9	<input type="radio"/> I certify that I am a qualified elector, a U.S. citizen, at least 18 years old or will be at least 18 years old at the time of the next election, having resided at the above residential address for at least 10 days immediately preceding this election, with no present intent to move. I am not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting. I certify that all statements on this form are true and correct. If I have provided false information I may be subject to fine or imprisonment under State and Federal laws. If completed on Election Day: I further certify that I have not voted in this election. (Please fill in circle.)						
10	Accommodation needed at poll location (e.g. wheelchair access): <input type="radio"/> I am interested in being a poll worker.		If you do not have a street number or address, use the map to show where you live. <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <ul style="list-style-type: none"> • Mark crossroads • 'X' where you live • Use dots for landmarks </div> <div style="flex: 2;">  </div> </div>				
11	Signature of Elector <div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 10px; text-align: center; line-height: 40px;">X</div>		Today's Date (M/D/YYYY) Official Use Only: Election Day Voter #				
12	Corroborator/Assistant Signature:		Corroborator / Assistant Address:			Office Use: Proof of residence type Office Use: Proof of Residence #	
Official's Signature:				SRDs printed name and SRD#:			
Ward	Sch. Dist.	Alder	Cty. Supr.	Ct. of App.	Assembly	St. Senate	Congress



Wisconsin Voter Registration Application Instructions

Each section on the front side of this document corresponds to the sections below (1-12)

These documents constitute proof of residence if they:

Contain the voter's current and complete first and last name and residential address, and are valid on the day used to register to vote.

- A current and valid WI Driver License / ID Card
- Any other official identification card or license issued by a Wisconsin governmental body or unit
- An employee ID card with a photograph, but not a business card
- A real property tax bill or receipt for the current year or the year preceding the date of the election
- A residential lease (Does not count as proof of residence if elector submits form by mail)
- A picture ID or fee card from a university, college or technical college
- A utility bill for the period commencing not earlier than 90 days before the day registration is made
- A bank statement
- A paycheck

1	<ul style="list-style-type: none">• Fill in the circle (New Voter, Name Change, Address Change) describing why you are completing this form.• If your municipal information has not been preprinted, indicate your municipality and county of residence. Use formal names (For example: City of Plymouth, Village of Chenequa, or Town of Aztalan). If in doubt, contact your municipal clerk.
2	<ul style="list-style-type: none">• Provide your WI Department of Transportation (DOT) Driver License Number.• If you do not have a current and valid WI Driver License, but do have a WI DOT-issued Identification (ID) Card, provide that number.• If you do not have a WI DOT Driver License or ID Card, provide the last 4 digits of your Social Security Number.• If you have none of these, indicate that fact by filling in the appropriate circle.• <u>If you have a WI Driver License, but do not provide the number, your registration application cannot be processed.</u>• <u>If you are registering to vote on Election Day and you have a WI Driver License, but do not provide the number, your vote will not be counted unless you provide the number by the close of the polls or by 4 pm the following day to your municipal clerk.</u>
3	<ul style="list-style-type: none">• Provide your current and complete name as it appears on the document, the number of which you provided in Box 2, including your last name, first name, middle name or initial and suffix (Jr, Sr, etc), if any.• Provide your month, day and year of birth. Remember to use your birth year, not the current year.• Providing your phone number and/or email address is optional, but will help your municipal clerk to contact you in case of problems with your registration.
4	<ul style="list-style-type: none">• Provide your home address (legal voting residence), which must be located in Wisconsin.• Record the full house number (including fractions, if any).• Provide your full street name, including the type (St, Ave, etc) and any pre- and/or post-directional (N, S, etc.).• Provide the city name and zip that appears on mail delivered to your home address. A 5-digit zip is acceptable.• <u>You may not enter a PO Box as a residential address.</u> A rural route box without a number should not be used.
5	<ul style="list-style-type: none">• If your mailing address is different from your home address, provide it here. A PO Box is acceptable as a mailing address. Overseas electors should provide their complete overseas address.
6	<ul style="list-style-type: none">• If your name has changed, provide your previous first, last and middle names, along with a suffix, if any.• Provide this information regardless of the time elapsed since your last name change.
7	<ul style="list-style-type: none">• If your residential address has changed, provide your previous address here.• Provide this information whether you moved within Wisconsin or from another state regardless of time elapsed.
8	<ul style="list-style-type: none">• Answer both questions by filling in the appropriate circle. If you answer "No" to either question, you are not eligible to vote in Wisconsin.• Please note, for Question 2, you must either be at least 18 years old, or will be at least 18 years old at the time of the next election to be eligible to vote.
9	<ul style="list-style-type: none">• Please read carefully. By filling in this circle you are certifying that you meet the eligibility requirements to vote. If you do not meet these requirements, you are not eligible to vote in Wisconsin, and do not fill in this circle.
10	<ul style="list-style-type: none">• If you need assistance when voting, describe the assistance required (e.g. wheelchair access).• If you are interested in being a poll worker for your municipality, fill in the circle.• If you do not have a street address, use the map to show where you live.
11	<ul style="list-style-type: none">• By signing and dating this form, you certify that all the information you have provided on this form is true and correct, and that you meet the eligibility requirements for voting, listed in the statement in Box 9 of this form.
12	<ul style="list-style-type: none">• Corroborator: If you are registering on Election Day or after the official close of registration (5 pm on the 20th day before an election), you must provide proof of residence. If you are unable to do so, another qualified elector of the municipality may do so on your behalf. That corroborator must record his or her signature and address on the form in the space provided.• Assistant: If you are unable to sign this form due to a physical disability, you may have an assistant do so on your behalf. That assistant must provide his or her signature and address in the space provided. By signing, the assistant certifies that he or she signed the form at your request.

OFFICIAL ABSENTEE BALLOT APPLICATION/CERTIFICATION

Official Use Only: Affix label here

Voter: Complete the information below and sign the certification in the presence of a witness who must also sign.

Date of Election (month, day, year)		County	
Municipality (check type and list name) Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> of		Ward #	District (if applicable)
Name (Last, First, Middle) including suffix			
Street Address – include street number or fire number and name of street, or rural route and box number			
City, State, Zip			

CERTIFICATION OF VOTER

I certify, subject to the penalties of §.12.60(1)(b), Wis. Stats., for false statements, that I am a resident of the ward of the municipality in the county of the state of Wisconsin indicated above, and am entitled to vote in the ward at the election indicated above; that I am not voting at any other location in this election; that I am unable or unwilling to appear at the polling place in the ward on election day, or I have changed my residence within the state from one ward to another within 10 days before the election. I certify that I exhibited the enclosed ballot, unmarked, to the witness, that I then in the presence of the witness and in the presence of no other person marked the ballot and enclosed and sealed the ballot in this envelope in a manner that no one but myself and any person providing assistance under §.6.87(5), Wis. Stats., if I requested assistance, could know how I voted. I further certify that I requested this ballot.

X _____
Signature of Voter

I further certify my birth date is _____. (to be filled in by military and overseas voters)
(month/day/year)

GAB-122cert (5/2010) The information on this form is required by §§6.22(2)(b), (5); 6.24(7), 6.86(1) and 6.87(2), Wis. Stats.

CERTIFICATION OF WITNESS

I, the undersigned witness, subject to the penalties of §.12.60(1)(b), Wis. Stats., for false statements, certify that I am an adult U.S. Citizen and that the above statements are true and the voting procedure was executed as stated. I am not a candidate for any office on the enclosed ballot (except in the case of an incumbent municipal clerk). I did not solicit or advise the voter to vote for or against any candidate or measure.

Signature of Witness (who is an adult U.S. Citizen)
Address of Witness (include street number or fire number and street, or rural route and box number, municipality, state and zip code)

FROM:



THIS ENVELOPE TO BE USED BY VOTER FOR RETURN OF MARKED BALLOT TO MUNICIPAL CLERK.

OFFICIAL BALLOTING MATERIAL – FIRST CLASS MAIL

CLERK SENDING OUT ABSENT VOTER'S BALLOT WILL INSERT HIS/HER OWN OFFICIAL RETURN ADDRESS HERE:

TO: • Kim Buchanan, Clerk/Treasurer •
Town Hall of East Troy
N9330 Stewart School Road
P.O. Box 872
East Troy, WI 53120-0872

Used for non-military and overseas electors.)